

APPLICATION FOR PLUMBING PERMIT  
Village of Freeport Dept. of Buildings  
46 N. Ocean Ave.  
Freeport, N.Y. 11520  
(516) 377-2242

Date: \_\_\_\_\_

Permit No.: \_\_\_\_\_

I, \_\_\_\_\_  
Name Address

licensed plumber for the Village of Freeport, N.Y., do hereby apply for a permit from the Village Clerk to:

- ☐ Basement
- ☐ 1st Floor
- ☐ 2nd Floor
- ☐ Other
- ☐ Install new fixtures at
- ☐ Replace existing at

in the premises located at No. \_\_\_\_\_

☐ Owner

☐ Lessee

\_\_\_\_\_

Name Address

premises occupied as \_\_\_\_\_

No. Fixtures

\_\_\_\_\_ Toilets

\_\_\_\_\_ Kitchen sinks

\_\_\_\_\_ Wash tubs

\_\_\_\_\_ Bath tubs

\_\_\_\_\_ Lavatories

\_\_\_\_\_ Shower bath stall

\_\_\_\_\_ Urinals

\_\_\_\_\_ Dish washer

\_\_\_\_\_ Grease traps

\_\_\_\_\_ Wash machines

\_\_\_\_\_ Gas hot water heater

\_\_\_\_\_ Gas boiler

\_\_\_\_\_ Other

Yes \_\_\_\_\_ No \_\_\_\_\_ Oil to Gas conversion

GAS TEST (Please circle if Gas Test is needed)

FEES:

IF THIS IS A RECONNECT - - PRIOR TO BACK FILLING PLEASE CONTACT THE WATER DEPT AT 516-377-2379.

AFFIDAVIT OF CONTRACTOR  
STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ } SS:

\_\_\_\_\_ being duly sworn, deposes and says that he is the contractor employed by the above named owner, owners or lessee authorized to perform the work described; that compensation insurance has been obtained and is in full force and effect in accordance with the provisions of the Workman's Comp-Law, to wit:

Name of Insurance Co. \_\_\_\_\_

Policy No: \_\_\_\_\_ Expires: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Above application is hereby approved to install the above described plumbing.

\_\_\_\_\_  
Joseph Madigan  
Superintendent of Buildings

Pay Fee to Village Clerk for Permit.

Water Letter Issued on: \_\_\_\_\_